

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	2/4
O.I.P.E. CLASSIFIER	/S	2-22-66	
FORMALITY REVIEW	ED	64934	4/1/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	7 3 6 14 1 11 02 03 03
1 1	✓ =
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13 13	✓ ≠
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31 32	✓ =
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here